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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response. | 0.5 | | | | | | |

| hours per response: | 0.5 |
|---------------------|-----|
| | |
| | |

| 1. Title of Securi | ty (Instr 3) | | erivative S | ecurities Acqu | uired, Disp | osed of, or Benefi 4. Securities Acquired (A | | Owned 5. Amount of | 6. Ownership | 7. Nature | |
|--------------------------------------|------------------|-----------------------|-------------|--|------------------|---|--|---|------------------|-----------|--|
| (City) | (State) | (Zip) | | | | | | Person | | | |
| (Street) CHICAGO | IL | 60606 | | | | | Line) X | Form filed by One Form filed by More Person | e Reporting Pers | son | |
| | | | | nendment, Date of (| Driginal Filed (| Month/Day/Year) | 6. Indiv | idual or Joint/Group | Filing (Check A | pplicable | |
| (Last) 20 S. WACKE | (First) R DR. | (Middle) | 06/25 | | | | | below) | below |) | |
| s | | | 3. Date | of Earliest Transac | tion (Month/D | ay/Year) | | Officer (give title | | (specify | |
| 1. Name and Add <u>Pankau Ror</u> | | g Person [*] | | er Name and Ticke E GROUP IN | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | y Transaction Date, Transaction Date, Code (Instr. 5 | | | | | | (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership |
|----------------------|--------------------------|---|--|---|--------|---------------|-------|------------------------------------|-----------------------------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock Class A | 06/25/2013 | | A ⁽¹⁾ | | 982 | A | \$0.0 | 3,356 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | erivative curities cquired) or sposed (D) str. 3, 4 | | | and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | nt of Derivative ties Security ying (Instr. 5) tive ty (Instr. 3 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|-----|--|--------------------|-------|---|--|--|--|--|----------------------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Granted pursuant to the CME Group 2005 Director Stock Plan, as amended and restated.

| <u>By: Margaret</u> | <u>Austin Wright</u> |
|---------------------|----------------------|
| For: Ronald A | Dankau |

06/27/2013

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.